PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10749218

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			11					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	 . 	١,,	BASIC FEE	770.00	
									000.00	1 _{OH}		770.00	
TOTAL CHARGEABLE CLAIMS				nus 20=	* 0			X\$ 9=	<u> </u>	OR	X\$18=		
INDEPENDENT CLAIMS			\mathcal{V} mi	nus 3 =	0		•	X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	Ì	OR	TOTAL	770	
CLAIMS AS AMENDED - PART II								OTHER THAN					
	· · · · · · · · · · · · · · · · · · ·	(Column 1)	,	(Colun		(Column 3)		SMALL		OR •	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER OUSLY	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	<u></u>		=	X43=			OR	X86=		
L	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=		
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
	•	,	ADDIT. FEE		•	ADDII. FEEI							
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F		(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	-	=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	ľ	X43=		OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM			+145=			+290=			
							L	TOTAL		OR	TOTAL	· ·	
		F	DDIT. FEE	·	OR ,	ADDIT. FEE							
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST													
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	ľ	X43=			X86=		
,	FIRST PRESE	NTATION OF ML	JLTIPLE DEP	ENDENT	CLAIM					OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	SPACE is	less than	20, enter "20."	A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		ber Previously Paid					r four	nd in the app	ropriate box	in col	umn 1.		